FIVE HILLS HEALTH REGION
STRATEGIC PLAN
2011-2012

Vision

Healthy People - Healthy Communities

Our Mission

Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

Our Values and Principles

The following five values guide decisions on the delivery of the health services in Five Hills Health Region. Each value is defined by operating principles.

Respect

- Valuing and honouring each others' perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidenced-based information about health care services
- Disclosing the information a(bout the planning and performance of our health region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our health region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the health region

Strategic Destination

Within the next 3-years the Five Hills Health Region will improve the individuals' health care experience across the continuum as measured by:

- Years 1/2/3: Improve the Best Possible Hospital Score by reducing the gap between the Saskatchewan Average and the Best USA Region Average by 50%/30%/20% over the next three years – % of clients rating their hospital experience (including surgical experience or ER experience) as 10 on a scale of 1-10

- Year 2: Establishing a baseline and improving upon the individual experience in LTC and PHC (and continual improvement relative to target in Acute/ER)

- Year 3: Establishing a baseline and improving upon the individual experience in Mental Health (and continual improvement relative to target in acute, ER, PHC and LTC)

Definitions of the Pillars

Health of the Individual: Goals, initiatives and measures directed at enhancing the individual's care experience and health outcomes.
Health of the Population Goals, initiatives and measures directed at improving the overall health and health outcomes of the population and reducing health disparities.
Providers: Goals, initiatives and measures directed at enhancing: the capabilities and capacity of all providers (professional and support staff, physicians, leadership, students and volunteers) and the effectiveness of the working environment. Capacity may fall into three categories: 1) Human Capital – Individual provider relevant, required capabilities and skills 2) Informational Capital-Information/Knowledge management for sound decision-making and performance management 3) Organizational Capital –Culture, leadership, alignment, teamwork
Sustainability: Goals, initiatives and measures directed at fostering the overall sustainability of the health region through the effective management, allocation and strategic investment of financial resources and stewardship of capital assets ultimately resulting in enhanced value for the public.
Supporting Processes: In order to achieve the above pillars, the health region will need to excel at key processes related to organizational excellence and innovation. The supportive processes outlined in the document outline the main means needed to augment and achieve the four main pillars.

Customer Value Proposition

A Customer Value Proposition defines how the organization intends to ***add value to its customers*** based on listening to their voice as they define their expectations. The Customer Value Proposition ***reflects the perception of the customer*** and addresses both the basic requirements of service expected in every service encounter and the attributes of service that would make the customers' encounter or experience exceptional. ***The Basic Requirements reflect the minimum expectation of the customer*** on each and every encounter with the health region. ***The Delighters or Differentiators are the attributes of the services which would please or delight the customer*** making the service experience exceptional and setting the service experience apart from other similar health care providers or systems. Health care providers ensure they are consistently delivering on the basic requirements, and constantly striving to deliver on the delighters or differentiators.

The Five Hills Health Region intends to ultimately fulfill its vision, mission and strategic destination by achieving the "delighters and differentiators" for the customer.

The Five Hills Health Region has two customers. The value proposition for each customer are different but related as the expectations of an individual and family receiving health service is from a different perspective than the expectations of the general public related to the performance of the overall health region. Both value propositions are important and synergistic in achieving exceptional service and a well performing health region.

The Two Customers of the Five Hills Health Region:

1) ***The individual patient or customer*** in which the value proposition speaks to the requirements of the service received by an individual with their family.

2) ***The general population and communities within province*** in which the value proposition speaks to the requirements of a well performing health region as experienced by the general population and the provincial communities.

1) INDIVIDUAL CUSTOMER/FAMILY VALUE PROPOSITION	
Basic Requirements Basic requirements of every individual service encounter	**Delighters, Service Differentiators** Attributes which delights the customer and makes the service experience exceptional
▪ Hear me, understand me, know me ▪ Care for me with dignity, respect and courtesy ▪ Provide me the care I need when I need it ▪ Keep me safe without harm ▪ Help me reach my health goal	▪ Partner with me ▪ Truly care about me with compassion ▪ Anticipate my future needs ▪ Make services simple to navigate ▪ Exceed my expectations

2) POPULATION/COMMUNITY VALUE PROPOSITION	
Basic Requirements Basic requirements of the Five Hills Health Region	**Delighters, System Differentiators** Attributes which delights the population and makes the Five Hills Health Region exceptional
▪ Affordable, value for investment ▪ Acceptable standards of quality and access ▪ Accountable, transparent system ▪ Equitable population outcomes ▪ Effective leadership	▪ Access to innovative health solutions ▪ World class health system performance ▪ Great population health outcomes ▪ Individual, community and government shared responsibility for health

Health System Strategy Map

Vision: *Healthy People. Healthy Communities.*
Mission: *Five Hills Health Region employees work together with you to achieve your best possible care, experience and health*
Values: *Respect, Engagement, Excellence, Transparency, Accountability*
Strategic Destination: *Within the next 3 years the Five Hills Health Region will improve the individuals' health care experience across the continuum.*

Individual Value Proposition	
Basic Requirements	**Delighters/Service Differentiators**
▪ Hear me, understand me, know me ▪ Care for me with dignity, respect and courtesy ▪ Provide me the care I need when I need it ▪ Keep me safe without harm ▪ Help me reach my health goal	▪ Partner with me ▪ Truly care about me with compassion ▪ Anticipate my future needs ▪ Make services simple to navigate ▪ Exceed my expectations

Community/Population Value Proposition	
Basic Requirements	**Delighters/System Differentiators**
▪ Affordable value per dollar ▪ Consistent, acceptable standards of quality and access ▪ Accountable, transparent system ▪ Equitable population outcomes ▪ Effective leadership	▪ Innovative health solutions ▪ World class health system performance ▪ Great population health outcomes ▪ Individual, community, and government shared responsibility for health

Customers

Health of the Individual

- 1.1 Improve the Individual experience
- 1.2 Achieve timely access
- 1.3 Continuously improve health care safety

Health of the Population

- 2.1 Improve population health
- 2.2 Collaborate to close the gap in health disparities

Internal Process

Innovation Processes

- 5.1 Benchmark and model world-class high performing health systems
- 5.2 Achieve system-wide performance improvement and culture of quality

Operational Excellence Processes

- 5.3 Leverage technology to achieve improvements in care & system performance

Learning and Growth

Providers

- 3.1. Work together to build a workplace that supports patient- and family-centred care and collaborative practices
- 3.2 Work together to create safe, supportive quality workplaces
- 3.3 Develop a highly skilled, professional and diverse workforce

Stewardship

Sustainability

- 4.1 Achieve best value for money
- 4.2 Improve transparency and accountability
- 4.3. Strategically invest in infrastructure

Abbreviations/Definitions Used Throughout Document

Big Dot: "a whole system measure to reflect the overall quality of the health care system, designed to serve as the highest level of measures from which all other small measures flow."

AB	Alberta
AC	Accreditation Canada
ADC	Average Daily Census
AESB	Acute and Emergency Services Branch, Ministry
BC	British Columbia
CBRH	Central Butte Regency Hospital
CC	Continuing Care
CCB	Continuing Care Branch, Ministry
CEO	Chief Executive Officer
CIO	Chief Information Officer
CS	Clinical Services
CSA	Canadian Standards Association
CRSB	Capital and Regional Services Branch
CT	Computed Tomography
ED	Executive Director
ELOS	Expected Length of Stay
EMR	Electronic Medical Record
EMS	Emergency Medical Services
FHHR	Five Hills Health Region
FTE	Full Time Equivalent
HISC	Health Information Solutions Centre
HPV	Human Papillomavirus
HR	Human Resources
HSMR	Hospital Standardized Mortality Ratio
IC	Infection Control
IHI	Institute for Healthcare Improvement
IMG	International Medical Graduate
IT	Information Technology
LTC	Long Term Care
MHA(S)	Mental Health & Addictions (Services)
MHO	Medical Health Officer
MJUH	Moose Jaw Union Hospital
MOH	Ministry of Health
Mos	Months
MSB	Medical Services Branch, Ministry
NEP	Needle Exchange Program
PFCC	Patient and Family-Centred Care
PHB	Public Health Branch, Ministry
PHC	Primary Health Care
PHSB	Primary Health Services Branch, Ministry
Q1,Q2,Q3,Q4	Quarter 1,2,3,4 (fiscal year)
QI	Quality Improvement
RHA	Regional Health Authority
RIC	Regional Intersectoral Committee
ROP	Required Organizational Practices
RTC	Releasing Time to Care
S & C	Strategy and Communications
SCA	Saskatchewan Cancer Agency
SHN!	Safer Healthcare Now!
SIMS	Saskatchewan Immunization Management System
SkSI	Saskatchewan Surgical Initiative
SLT	Senior Leadership Team
SMO	Senior Medical Officer
SSI	Surgical Site Infections
SSO	Shared Services Organization
SUN	Saskatchewan Union of Nurses
U of S	University of Saskatchewan
VFA	Vendor that was selected for Facility Assessment
VP	Vice President
WCB	Workers' Compensation Board
WDP	Wage Driven Premium

** Initiatives in italics are Ministry led*

**yellow highlighting indicates initiatives added by FHHR SLT*
** green highlighting indicates Saskatchewan Surgical Initiative*

1. HEALTH OF THE INDIVIDUAL

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations

BIG DOT MEASURE		2011-12 TARGET		2012-13 TARGET				
% of clients rating their hospital experience as 10 on a scale of 1-10 (previously known as "Best Hospital Score")		Provincial target of 37.1% by March 31, 2012, which represents a 20% improvement over the Saskatchewan mean rate of 30.9%		A TBD% improvement over the Saskatchewan mean rate by March 31, 2013.				
Size	**Initiative**	**Initiative Measure**	**Initiative Target**	**Reporting/Analysis of Progress**	**Q1**	**Q2**	**Q3**	**Q4**	**Lead**
L	Establish report and targets for measures related to Moose Jaw Union Hospital	"Best Hospital Score" Increase satisfaction by 8.6% by March 31, 2012.	MJUH Best Possible Hospital Score is 37.1% by March 31, 2012	No new data received since 2010-2011 Q4. Survey data is 3 months behind SOD reporting timelines due to mail out process. As of last Q4, FHHR's score was above the provincial average.	X	X	X	X	ED, S & C
	Begin implementing initiatives resulting from discussions from the Memorandum of Understanding on First Nations Health and Well-Being Process	Measure and targets to be determined in collaboration with RHAs/SCA at the conclusion of discussions during the 2011-12 fiscal year.		Awaiting updates from MOH.					
L	Develop a plan on how Five Hills Health Region will adopt patient-and family-centred care over the next ten years, using the provincial framework as their guide and begin implementation according to this plan.	% of patients reporting that nurses "always communicated well with them" % of patients reporting that doctors "always communicated well with them"	Increase of 10% over baseline of 57.5% by March 31, 2012 Baseline established by March 31, 2012	Follow up with Ministry re targets for development of a plan.	X	X	X	X	ED, S & C
	Continue to implement shared decision making in the hip and knee surgical pathways ***Ministry Led (AESB/SIB)***	*Status of shared decision making implementation in the hip and knee surgical pathways*	*SDM implemented in the pathways by March 31, 2012*	*Ministry-led initiative with pilot project underway in FHHR. Performance is progressing as planned.* See dashboard.				X	ED, PHC

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Number of patients waiting longer than 12 months for surgery (reported by region of service and by home region)	All patients are offered an option to have surgery within 12 months by March 31, 2012 *[2010-11: All patients are offered an option to have surgery within 18 months by March 31, 2011]*	All patients are offered an option to have surgery within 7 months by March 31, 2013 *[2013-14: All patients are offered an option to have surgery within 3 months by March 31, 2014]*
% of invasive cancer surgeries performed within 3 weeks	95% of invasive cancer surgeries performed within 3 weeks	95% of invasive cancer surgeries performed within 3 weeks

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
	Implement the Saskatchewan Surgical Initiative (SkSI), a multi-year, system-wide initiative to transform the patient surgical experience and reduce surgical wait times to 3 months in 4 years.								ED, CS
L	Reduce surgical wait-times	Number of patients waiting longer than 12 months for surgery Percent of invasive cancer surgeries performed within 3 weeks	0% of patients waiting longer than 12 months for surgery 95% of invasive cancer surgeries performed within 3 weeks	Meeting target. *See dashboard.* Not meeting target. 91% of invasive surgeries performed within 3 weeks. *See dashboard.*		X	X		ED, CS
L	Increase surgical volumes to eliminate the backlog	Number of surgeries performed compared with 2010-11	100% of expected surgical case volumes – 4,132	Not meeting target. *See dashboard.*	X		X		ED, CS
	Increase physician participation in clinical practice redesign ***HQC and Ministry Led***	*Number of physicians using clinical practice redesign in their practices*	*Ministry target is 125 physicians by March 31, 2012. Region target to be determined.*	*FHHR has signed an agreement with HQC to fund a position for 3 years. QIRM will hire Clinical Practice Redesign coach this summer with the intention of a fall startup of program.*			X	X	ED, S & C
M	Implement Clinical Practice Redesign in Five Hills			Recruit CPR Coach and determine # of physicians in FHHR			X	X	ED, S & C

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
S	**Hip and Knee Pathway** Increase the number of patients accessing a multi-disciplinary clinic for primary assessment to enhance patient care and decrease wait	Minimum target for patients accessing primary assessment for hip and knee surgery is 30 patients in FHHR	Number of patients access primary assessment is met or exceeded by March 31, 2012	Meeting target. *See dashboard*		X		X	ED, CS
M	Reduce the number of individuals waiting for LTC in acute care. FHHR to implement one or more of the following initiatives to reduce the number of individuals waiting for LTC in acute care: • First available bed; • Direct client funding on a short-term basis until permanent placement in a special-care home can be achieved; • Developing transition units; • Providing funding to clients/families to purchase space in a PCH on a short term basis until permanent placement in a special care home can be achieved; • Enhanced day programming and home care; • Region-specific initiatives approved by the Ministry	Implemented one or more initiatives Number of acute care beds awaiting LTC placement who have been assessed and approved for LTC placement and are not in an acute state as of June 30, September 30, December 31 and March 31	Implement one or more initiative by March 31, 2012 3.5% or less of total acute care beds occupied by clients waiting for LTC facilities by March 31, 2012	We have implemented some of the initiatives identified by the Ministry, focusing on having access to an interim private care home bed for LTC clients. 4.05% of acute care beds were occupied by LTC clients awaiting placement. Numbers have improved but not yet returned to normal levels but are headed in the right direction. *See dashboard*	X	X	X	X	ED, CC

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
M	Develop and submit a plan to: (a) Ensure targeted funds are allocated to home care and rehabilitation therapies; and (b) Implement the additional home care and rehabilitation therapies to support the surgical experience and report as required	Status of development of the plan Status of program implementation	Plan developed by June 30, 2011 Programs implemented October 1, 2011	Plan submitted to and approved by MOH.	X	X			ED, CC
M	Redesign of Community Mental Health Nurse (CMHN) program to recovery model	Staff education of Recovery Model will be complete by January 31, 2011	Recovery Model Framework will be complete by March 31, 2011. Target revised to September 2011. Develop measurement for patient satisfaction.	80% of nurses trained. Framework is on track to be complete by September 30, 2011. *See dashboard.*	X	X	X	X	ED, MHAS
M	Reduce readmission rate on inpatient Mental Health and Addictions Unit	Addition of Community Mental Health Nurse and Community Support Workers on evenings and weekends	Reduce inpatient admissions by 20% or by 10 clients, by March 31, 2012. Target implementation date is November 1, 2011.	Request has been put forward for budget approval. *See dashboard.*			X		ED, MHAS

1. HEALTH OF THE INDIVIDUAL

1.3 Continuously improve health care safety in partnership with patients and families

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Provincial Hospital Standardized Mortality Ratio (HSMR)	2011-12 Provincial HSMR lower than reported in 2010-11 by March 31, 2012. Each RHA's 2011-12 HSMR will be lower than reported in 2010-11. RHAs are expected to review practice if there is a rise in HSMR.	2012-13 Provincial HSMR lower than reported in 2011-12 Each RHA's 2012-13 HSMR will be lower than reported in 2011-12. RHAs are expected to review practice if there is a rise in HSMR.
Number and percentage of LTC residents who experience a fall, including affiliated and for-profit LTC facilities	Reduce the number of LTC residents who experience a fall by 20% by March 31, 2012	Reduce the number of LTC residents who experience a fall by TBD% by March 31, 2013

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
S	Ongoing monitoring, chart audits, properly charting end-of-life care – analysis of HSMR by diagnosis	Identify top 3 diagnoses for cause of death and opportunities for advancing evidence-based care.	2011-12 HSMR to be lower than reported HSMR in 2010-11 by March 31, 2012.	Q1 data will not be available until Fall 2011.		X		X	SMO ED, CS
L	Implement SHN! Falls Prevention Bundles in 100% of LTC facilities Implementation of Falls Prevention Strategy in Five Hills Health Region	Number and percentage of LTC residents who experience a fall, including affiliated and for-profit LTC facilities Prevalence of Daily Physical Restraints	Reduce the number of LTC residents who experience a fall by 20% to 238 residents from a baseline of 298. Decrease the prevalence of daily physical restraints, or remain the same as the 2010-11 level of 19.85%	Falls data provided to FHHR by MOH semi-annually. Data not available for 1st quarter. Target being met. Use of restraints in LTC remains at historic levels – continued compliance with least restraint policy. *See dashboard.*			X	X	ED, CC
S	Implement a 3-part Surgical Safety Checklist	Perform an audit to establish baseline % implementation of a 3-part Surgical Safety Checklist	Audit performed and submitted to Ministry of Health by August 2, 2011 At least 95% implementation by March 31, 2012	Target met. 100% compliance. Fully implemented. 100% compliance in Q1. *See dashboard.*		X		X	ED, CS
S	Implement all components of the Surgical Site Infections (SSI) Bundle from SHN!	% implementation of all components of the SSI Bundle from SHN!	At least 95% implementation by March 31, 2012	Fully implemented. 100% compliance. *See dashboard.*				X	ED, CS

1. HEALTH OF THE INDIVIDUAL

1.3 Continuously improve health care safety in partnership with patients and families

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
M	Implement remediation strategies in areas deemed necessary for action as identified in the Board-approved plan for ensuring that the organization is in compliance with relevant Canadian Standards Association (CSA) and Accreditation Canada standards for infection prevention and control	Accreditation Canada's evaluation (as having "met" or "not met" compliance criteria) for each of the Required Organizational Practices (ROPs) under Infection Control in the latest survey for which results are available.	"Meet" compliance criteria for each Infection Control ROP as evaluated by Accreditation Canada. (November 2011)	All criteria met in 2008 Accreditation. Anticipate meeting all Infection Control ROPs in November 2011 Accreditation survey.				X	ED, CS
L	Implement a formal Medication Reconciliation program in compliance with Accreditation Canada (AC) standards and consistent with Canada's Safer Healthcare Now! Campaign to prevent medication errors at patient transition points	The proportion of clients receiving formal medication reconciliation at admission to acute or long term care. Status of implementing medication reconciliation care in at least one client service are/unit at discharge or transfer from acute care.	Close the gap by 50% between current implementation and 100% by March 31, 2012. 80% of acute and long term care clients receive formal medication reconciliation at admission inclusive of affiliates. Medication reconciliation implemented in at least one client service area at discharge or transfer from acute care by March 31, 2012.	Data collection for all sites for the indicators will be available in late September from the MOH, who calculates and monitors the current state. As such, the indicator is not available for Q1. Based on current progress, it is expected FHHR will exceed the target of 80%. Target met.	X	X	X	X	ED, S & C
L	Track and analyze all incidents in the region, including near misses	Report prepared and presented to the Board	Two reports presented (mid-year and end-year). QIRM has revised target to report quarterly in conjunction with Accreditation Standards.	*See dashboard*	X	X	X	X	ED, S & C

2. HEALTH OF THE POPULATION

2.1 Improve population health through health promotion, protection and disease prevention.

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Number of children (Age 0-5) who require dental surgery under general anesthesia to treat Early Childhood Tooth Decay (ECTD)	Baseline determined by March 31, 2012	TBD

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead

2. HEALTH OF THE POPULATION

2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities.

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Number of new reported HIV cases by age in Saskatchewan	Baseline established by March 31, 2012	5% reduction in the number of new reported HIV cases from the baseline (2011-12 data on the number of new reported HIV cases) by 2013-14

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
	Provide a report to Executive Director of Population Health Branch, Ministry of Health on the performance of Injection drug use program.		Report provided prior to March 1, 2012.				X		MHO

3. PROVIDERS

3.1 Work together to build a workplace that supports the adoption of both patient-and family-centred care and collaborative practices

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Teamwork composite measure from the Employee Engagement Survey	Baseline established by March 31, 2012	TBD % increase by March 31, 2013
Patient and Family Centredness composite measure from the Employee Engagement Survey *Note – Measures of patient experience from the patient perspective are captured under goal 1.1	Baseline established by March 31, 2012	TBD% increase by March 31, 2013

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
M	Staff Satisfaction	% of staff responding to the Employee Engagement Survey that they are very satisfied with their job	Results indicate that 47% of staff are engaged or highly engaged in their job	As of May 30, 2011 Region overview of employee engagement identifies 64% engagement by participants of the survey. Recognizing engagement varies in each service area, focused reporting is occurring with purposeful results expected within the next month. In addition, this anticipated reporting will also make a number of comparisons between all of the Health Regions within Saskatchewan.		X		X	ED, HR

3. PROVIDERS

3.2 Work together to create safe, supportive and quality workplaces

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Number of sick time hours per FTE	Provincial target – 5.1% reduction in sick leave hours per FTE	Provincial target – 5.4% reduction in sick leave hours per FTE
Number of lost-time WCB days per 100 FTEs	Provincial target – 14.2% reduction in number of lost-time WCB days per 100 FTEs	Provincial target – 16.6% reduction in number of lost-time WCB days per 100 FTEs
Number of wage-driven premium (WDP) hours per FTE	Provincial target – 12.3% reduction in number of WDP hours per FTE	

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
L	Improve scheduling process, attendance support and workplace safety to reduce **wage driven premiums and injury costs**	Number of sick time hours per FTE	FHHR target – 1% reduction in sick leave hours per FTE (66.00 hours/FTE)	Target being met. *See dashboard.*		X		X	ED, HR
		Number of lost-time WCB days per 100 FTEs – Severity	FHHR target – 12.6% reduction in number of lost-time WCB days per 100 FTEs (236.15 days per 100 FTEs)	Target not being met. *See dashboard.*		X		X	
		Wage driven premium hours per FTE (WDP hrs/FTE)	FHHR target – 14.6% reduction (16.31 hrs/FTE)	Target not being met. *See dashboard.*		X		X	

3. PROVIDERS

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Annual turnover of physicians in Saskatchewan	Annual turnover of physicians less than 10% by March 31, 2012	Annual turnover of physicians less than 9% by March 31, 2013

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
S	Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in RHAs	Status of implementing the board-approved Representative Workforce Plan	Meet the board-approved target set for 2011-12 by March 31, 2012	Target not yet met. Improvement of 1.17% required. *See dashboard*					ED, HR

4. SUSTAINABILITY

4.1 Achieve best value for money while improving the patient experience and population health.

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
M	Work collaboratively with RHAs/SCA and other stakeholders to capture cost savings by:								ED, F
	Implementing shared services and procurement initiatives; and	Financial savings achieved through shared services and procurement initiatives and attendance management	Shared Services and Procurement savings of $5 M by March 31, 2012 ($214,000 target for FHHR)	Preliminary estimate of projection of savings for FHHR for 2010/11/12 is $251,000.				X	
	Reducing the total compensation paid during premium shifts		Attendance management savings of $12.5 M by March 31, 2012 ($125,000 target for FHHR)	Target not being met. *See dashboard.*					ED, HR
M	Implement **group purchasing** in collaboration with Alberta and British Columbia as identified in the New West Partnership	% of purchases made jointly with AB and BC	20% of purchases are made jointly	Projected % of provincial purchases made through New West Partnership by mid year is >15%.				X	ED, F

4. SUSTAINABILITY

4.2 Improve transparency and accountability through measurement and reporting

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
	Submit annual financial report to the Primary Health Services Branch, MOH to account for funding as outlined in Accountability Document	Submission of report	Submit annual financial report no later than February 27, 2012	Report will be submitted by deadline.				X	ED, F
	Provide report to MOH outlining physician/complement service	Submission of report	Submit using MOH template no later than May 31, 2012.	Report will be submitted by deadline.					ED, F
L	Development and implementation of a board-approved communication strategy for FHHR including internal and external stakeholders	Development and implementation of communication plan	To be presented at the September 2011 FHHR board meeting	Communication plan to be presented at September 28, 2011 board meeting.		X			ED, S & C

4. SUSTAINABILITY

4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
L	Moose Jaw Union Hospital Redevelopment Project	Status of Moose Jaw Union Hospital Redevelopment Project	Completion of detailed design and redevelopment of MJUH once scope has been determined	On August 30, 2011, the MOH announced a new hospital for Moose Jaw.	X	X	X	X	ED, ES
	Development and implementation of a Board-approved communication strategy regarding Moose Jaw Union Hospital Redevelopment Project	Status of development of Moose Jaw Union Hospital Redevelopment Project Communications Strategy	Board-approved communication plan for stakeholders and the community is developed and implemented within 1 month of the announcement	Communication plan with regard to initial announcement presented to RHA May 25, 2011. Announcement made re new facility on August 30, 2011. Communication plan for ongoing project communication currently under development.	X	X	X	X	ED, S & C

5. SUPPORTING PROCESS

5.1 Benchmark and model world-class high performing health systems

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead

5. SUPPORTING PROCESS

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
	Continue to implement Lean across the care continuum in regions and the SCA	Develop by March 31, 2012, a multi-year board-approved strategy focused on patient journeys, with targets, to spread lean across the care continuum. The plan will include regional participation, as required, on active provincial lean initiatives including, but not limited to: mental health (complex cases and wait times); long-term care; addictions; vaccine management; strategic planning and reporting; and blood / plasma product use.	A multi-year board-approved strategy, with targets, to spread lean across the care continuum by March 31, 2012.	Ministry and CEO Seattle study tour June 19-22, 2011.					
M	Implement Lean province-wide for discharge planning **Ministry/RHA Led**	All RHAs to participate in a working group to develop ten Kaizen events for discharge planning. This working group will prioritize the Kaizen events and develop a road map to achieve each Kaizen.	A prioritized work plan in place and completion of 2 Kaizens by March 2012.	Nurse Directors of Medicine and Surgery units participating in provincial working group. All involved are developing a work plan.	X		X	X	ED, CS
	Enhance quality and performance through the achievement of Accreditation Standards	Maintain Accreditation status with Accreditation Canada.	November 2011	Accreditation will be taking place from November 14-18 and preliminary schedule is in place. Teams continue to work on action plans. SLT up to date on status of roadmaps and ROPs. Pre-survey conference will be held in late Sept.				X	ED, S & C

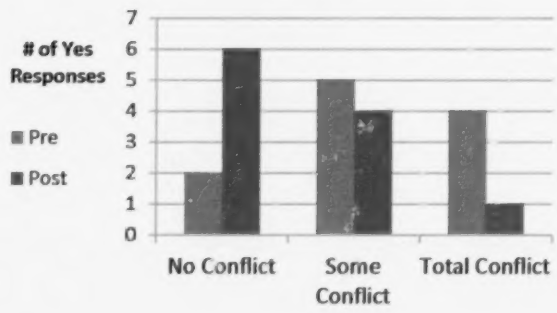
5. SUPPORTING PROCESS

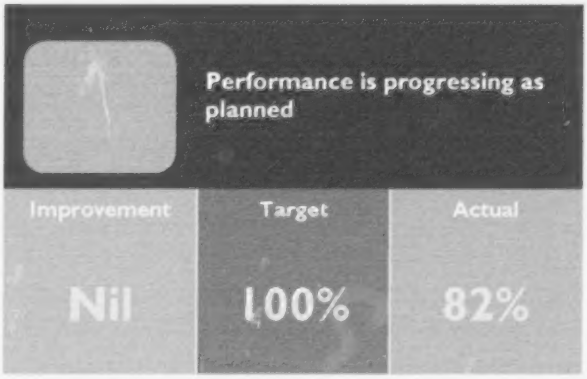
5.3 Leverage technology to achieve improvements in patient care and system performance

Size	Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
L	Continue to expand Surgical Information System (SIS) ***Ministry/Region Led***	Implement SIS (including bookings and waitlist management, charting, patient tracking, surgical supply management and interfaces to SSCN and regional Admission and Discharge systems) in Moose Jaw Union Hospital	Implementation complete by March 31, 2012	Implementation kickoff is September 8, 2011 at FHHR with anticipation of meeting target.	X	X	X	X	ED, CS
M	To advance the implementation of the Primary Health Care Solution (EMR) to Craik and the Wellness Centers	Adopt the new PHC System IT Solution within 12 months of the Solution being available to each PHC team.	100% adoption of PHC System IT Solution within 12 months of availability to PHC teams.	40% implemented – on target for 100% completion by deadline. *See dashboard.*					ED, PHC

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer experience.

Shared Decision Making (SDM) implemented in the pathways by March 31, 2012 (Ministry led – FHHR pilot project underway).





WHAT IS BEING MEASURED?

Indicator: Customers SURE tool scores pre-discussion of intervention option decisions for their arthritis of hip and knee/ customer SURE tool scores 8 weeks post arthritis discussion group.

Definition: Patient Decision Aids are tools to assist customers when there are several options available to them; the tool helps to make intervention decisions based on customer values and preferences. The tool supports the customer to have the conversation with their health care provider about what is important to them and what will be the best intervention for their circumstance (Shared Decision Making). The SURE tool scores their decision making conflict. The expectation is an increase in "yes" response scores post discussion.

Calculation: Comparing number of yes responses pre-discussion to 8 weeks post-discussion. The more Yes responses the better informed the customer is in their decisions related to their care.

Data Source: Customers and SURE Tool

WHY IS THIS OF INTEREST?

As healthcare providers we need to support customers to decide "what is best for them." When customers are well informed of the risks and benefits of all their options they often do not choose surgery first, if at all.

WHAT IS THE TARGET?

Every customer attending a discussion group will receive Patient Decision Aid and show improvement in their post discussion group SURE score if pre-discussion score is less than 4/4.

HOW ARE WE DOING?

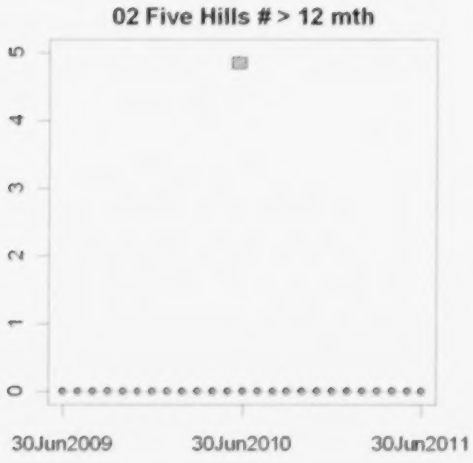
Based on customer feedback, we are testing different ways to achieve this end goal.

WHAT ACTIONS ARE WE TAKING?

Customer discussion groups open to anyone contemplating hip or knee surgery are being led by PT and NP q. 3 months (March 7, June 13, Sept 12). Dr. Dawn Stacey, Associate Professor, School of Nursing University of Ottawa has researched use of Patient Decision Aids for 20 years. She visited the FHHR hip and knee Patient Decision Aid/ SDM team on August 22, 2011 and provided support and suggestions to enhance the Pilot Project.

1.2 Achieve timely access to evidence based and quality health services and supports

Number of patients waiting longer than 12 months for surgery



Performance meets targets

Improvement	Target	Actual
n/a	0	0

WHAT IS BEING MEASURED?

Indicators:

Patients waiting long than 12 months for surgery

WHY IS THIS OF INTEREST?

The Saskatchewan Surgical Initiative (SkSI) is a multiyear, system wide initiative to transform the patient surgical experience and reduce the provincial surgical wait times to 3 months in 4 years. Meeting targets for surgical volumes, and increasing surgical volumes, combined with reducing wait times for diagnostic imaging and expanded use of Hip and Knee Pathway are all linked to achieving the target wait time.

WHAT IS THE TARGET?

0% of patients wait more than 12 months for surgery by March 31, 2012.

HOW ARE WE DOING?

Zero patients waited more than 12 months for surgery in First Quarter ending June 30, 2011.

WHAT ACTIONS ARE WE TAKING?

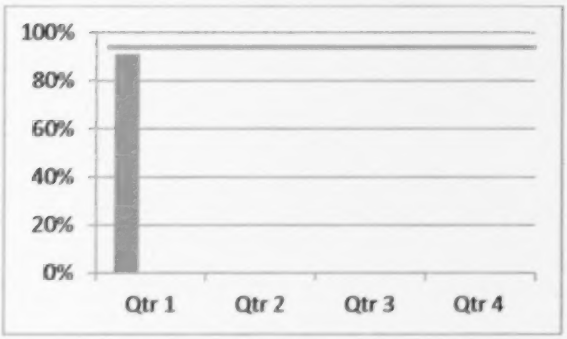
1. Lean initiative mapped the surgical value stream for hip and knees; future improvement events will continue to improve flow.

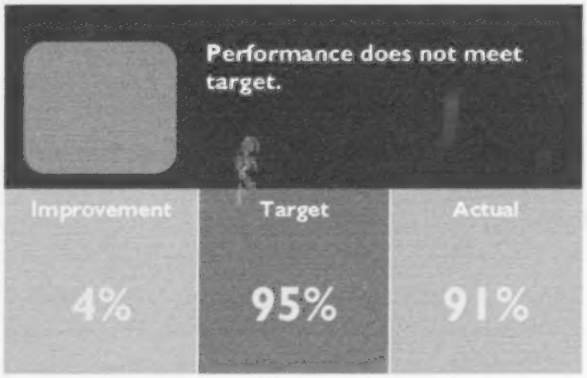
2. Day surgery value stream mapping improvement plans on-going.

3. Continuing discussions with MOH, RQHR, SHR and PAPHR to seek opportunities to host itinerant surgeons.

1.2 Achieve timely access to evidence based and quality health services and supports

Percent of invasive cancer surgeries performed within 3 weeks





WHAT IS BEING MEASURED?

Percent of invasive cancer surgeries performed within 3 weeks.

WHY IS THIS OF INTEREST?

The Saskatchewan Surgical Initiative (SkSI) is a multiyear, system wide initiative to transform the patient surgical experience and reduce the provincial surgical wait times to 3 months in 4 years. Meeting targets for surgical volumes, and increasing surgical volumes, combined with reducing wait times for diagnostic imaging and expanded use of Hip and Knee Pathway are all linked to achieving the target wait time.

WHAT IS THE TARGET?

95% of invasive cancer surgeries performed within 3 weeks.

HOW ARE WE DOING?

91% (43/47) invasive cancer surgeries were performed within three weeks. 100% were performed within one month.

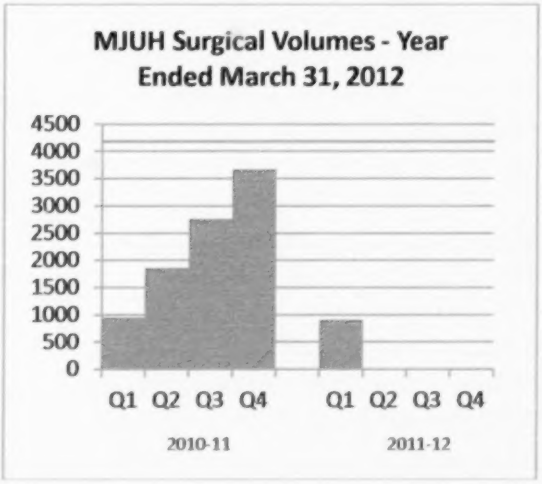
Contributing factors include surgeon education and vacation leaves and patients' clinical readiness.

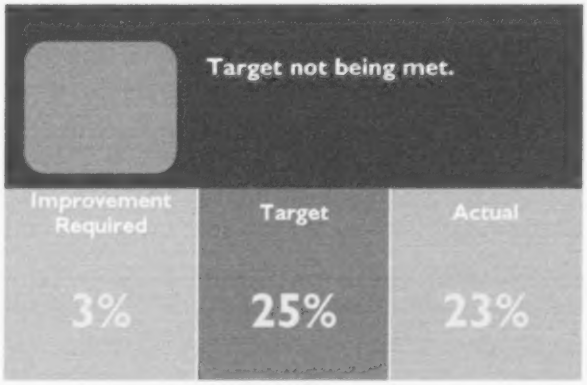
WHAT ACTIONS ARE WE TAKING

Continue to monitor contributing factors and consider options to mitigate variances.

1.2 Achieve timely access to evidence based and quality health services and supports

% surgical cases completed





(Numbers above are per Quarter)
Target is 100% over Q1-Q4

WHAT IS BEING MEASURED?

Indicators:
Surgeries performed as a % of target volume by March 31, 2012

Calculations:
Surgeries performed = 100% / 4qtrs
Surgeries expected (4132)

WHY IS THIS OF INTEREST?

The Saskatchewan Surgical Initiative (SkSI) is a multiyear, system wide initiative to transform the patient surgical experience and reduce the provincial surgical wait times to 3 months in 4 years. Meeting targets for surgical volumes, and increasing surgical volumes, combined with reducing wait times for diagnostic imaging and expanded use of Hip and Knee Pathway are all linked to achieving the target wait time.

WHAT ARE THE TARGETS?

100% of expected surgical cases (4132) yearly.
Q1 target was 1033.

HOW ARE WE DOING?

Q1 target was 1033 surgical cases. 903 cases were performed in Q1. Achieved 87% of 1st quarter target.

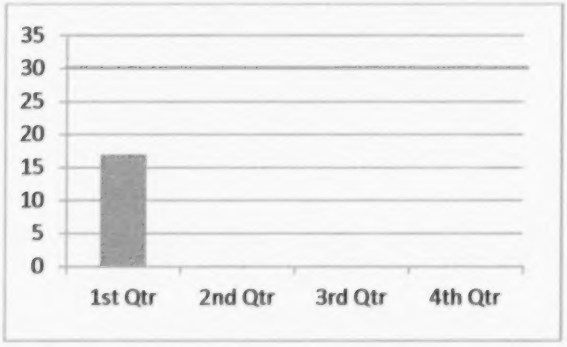
The contributing factors include anaesthetist availability challenged by immigration process and surgeon education and vacation leaves.

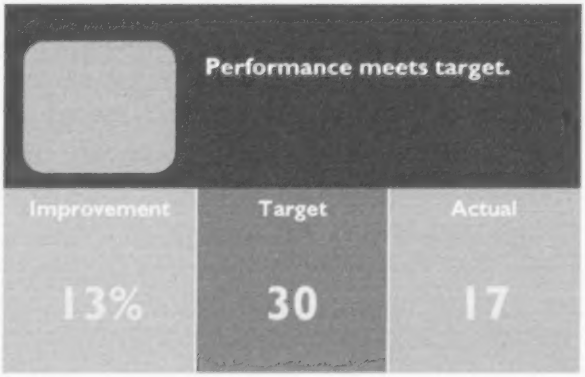
WHAT ACTIONS ARE WE TAKING?

1. Lean initiative mapped the surgical value stream for hip and knees; improvement events continue.
2. Day surgery value stream mapping improvement plans on going.
3. Continuing discussion with MOH, RQHR, SHR & PAPHR to seek opportunities to host itinerant surgeons.

1.2 Achieve timely access to evidence based and quality health services and supports

Status of Implementation of Hip and Knee Pathway





WHAT IS BEING MEASURED?

Indicator: Status of Implementation of Hip and Knee Pathway

WHY IS THIS OF INTEREST?

The Saskatchewan Surgical Initiative (SkSI) is a multiyear, system wide initiative to transform the patient surgical experience and reduce the provincial surgical wait times to 3 months in 4 years. Meeting targets for surgical volumes, and increasing surgical volumes, combined with reducing wait times for diagnostic imaging and expanded use of Hip and Knee Pathway are all linked to achieving the target wait time.

WHAT IS THE TARGET?

Minimum target for patients accessing primary assessment for hip and knee surgery is 30 patients in FHHR.

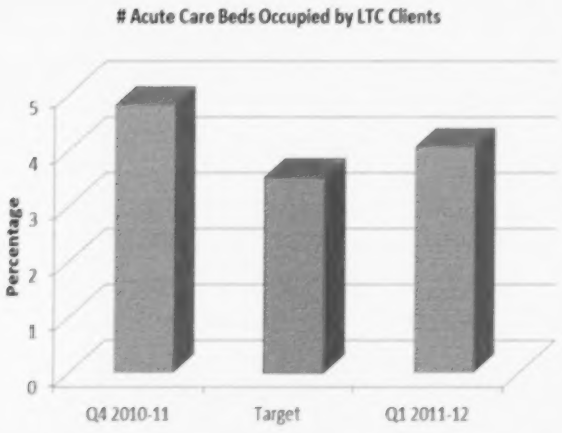
HOW ARE WE DOING?

1. Meeting target
2. Shared Decision making pilot project ongoing in Five Hills Health Region Hip and Knee pathway.

Strategic Priority - HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence based and quality health services and supports

 # acute care beds occupied by clients waiting long term care (LTC) placement



Target not being met. Action planned.

Improvement	Target	Actual
n/a	3.5%	4.05%

WHAT IS BEING MEASURED?

Indicator: # acute care beds occupied by clients waiting LTC placement

Definition: Clients waiting placement for LTC have been screened and designated as requiring LTC. The # acute care beds include Moose Jaw, Assiniboia and Gravelbourg hospitals.

Calculation:

$$\frac{\text{\# clients waiting placement in hospital}}{\text{\# acute care beds}} = 3.5\%$$

Data Source: Ministry of Health

WHY IS THIS OF INTEREST?

The provincial target for 2011 for the % of total acute care beds occupied by clients waiting LTC placement is 3.5% or about 85 beds provincially.

Clients waiting placement for LTC in a hospital do not receive the socialization and related activities in the long term care environment. Access to hospital beds is restricted and results in unnecessary pressures on emergency departments, and frustration of clients.

WHAT IS THE TARGET?

The target is for **no more than** 3.5% of hospital beds to be occupied by clients waiting LTC placement. In FHHR, this is approximately 3-4 persons waiting placement for LTC from hospital.

HOW ARE WE DOING?

4.05% of acute care beds were occupied by LTC clients in the 1st quarter of 2011-12.

The number of LTC clients waiting placement from acute care has improved since the last report but has not yet returned to normal, required levels. Comparing the 1st quarter of 2010 to the 1st quarter of 2011, our number of clients admitted is down by 16% and our average wait time for admission to 1st available bed has increased by 37%.

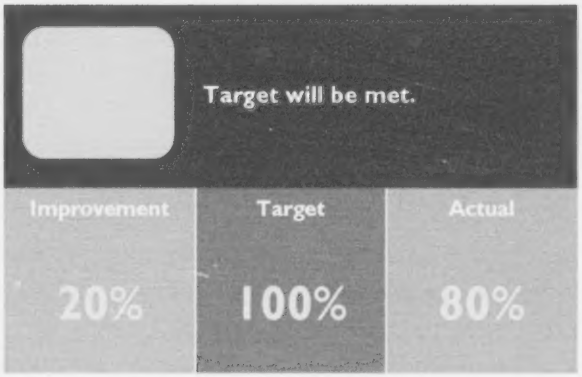
WHAT ACTIONS ARE WE TAKING?

We have implemented some of the initiatives identified by the Ministry, focusing on having access to an interim private care home bed for LTC clients.

Strategic Priority - HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence based and quality health services and supports

Redesign of the Community Mental Health Nurse program to a Recovery Model



WHAT IS BEING MEASURED?

Indicator:

1) % of staff with Recovery Model Framework education; and
2) Development of a Recovery Model Framework

Definition:

Calculation: 1) $\frac{\text{\# of nurses trained}}{\text{\# of nurses}} = 100\%$

Data Source:

WHY IS THIS OF INTEREST?

The Recovery Model is a patient first approach moving from a medical model to a recovery oriented model. It refers to the ways in which a person with a mental illness/addiction experiences and manages their disorder in the process of maintaining and/or reclaiming their life in order to function to their full potential in the community

WHAT IS THE TARGET?

1) 100 % of nurses trained in the Recovery Model by October 30, 2011

2) The Development of a Recovery Model Framework

HOW ARE WE DOING?

1) 80 % of nurses are trained (4 out of 5 nurses)

2) Framework on target to be completed by September 30, 2011

WHAT ACTIONS ARE WE TAKING?

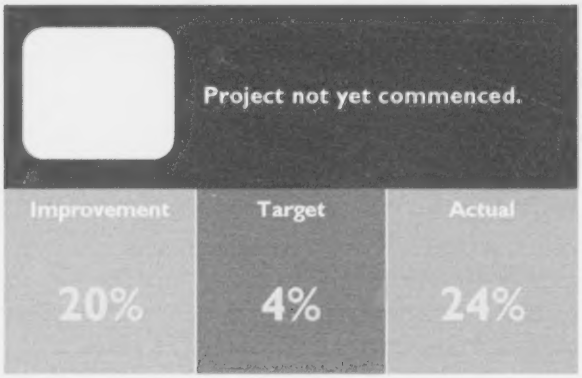
1) 1 new staff member joined CMHN team, training will occur in October.

2) Review of Day Program, review of educational recovery services from UCLA. Framework will be complete by September 30, 2011. Timetable for implementation is under development.

Strategic Priority - HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence based and quality health services and supports

Reduce Readmission Rate on Inpatient Mental Health & Addictions Unit



WHAT IS BEING MEASURED?

Indicator: % of patients who require readmission to the Inpatient Mental Health Unit

Definition: Those clients who are readmitted within the year.

Calculation: # of clients readmitted / # of clients admitted

Data Source: MH/A Records

WHY IS THIS OF INTEREST?

Assertive Community Treatment is a best practice; patients should be treated at the least intrusive level of service. This will reduce costs on Inpatient Admissions.

WHAT IS THE TARGET?

To reduce the readmission rate by 20% or by 10 clients/year by March 31, 2012.

Target implementation date is November 1, 2011.

HOW ARE WE DOING?

In 2010/2011, readmission rate was 24%.

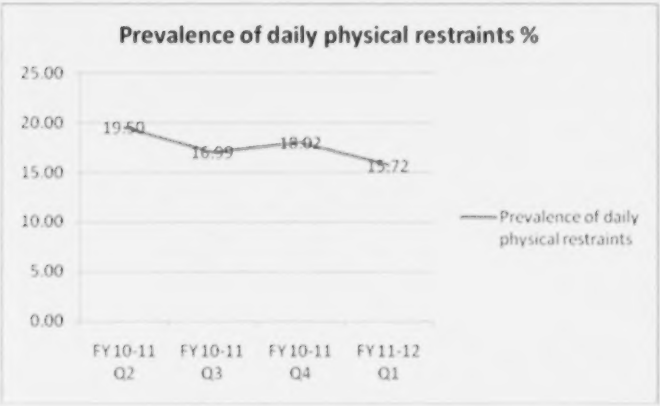
WHAT ACTIONS ARE WE TAKING?

A proposal has been developed and budget submitted for two evening outreach workers 7 evenings per week. Target population has been identified as those clients presenting for hospital admissions on a repeated basis. Outreach workers will receive a list of clients for contact and participate with clients in their community support plan and provide assistance to clients in their relapse/recovery plan.

Strategic Priority - HEALTH OF THE INDIVIDUAL

1.3 Continuously improve health care safety in partnership with patients and families.

Decrease the prevalence of daily physical restraints, or remain the same as the 2010-11 level of 19.85%.



WHAT IS BEING MEASURED?

Indicator: Total percentage of LTC residents who are restrained in any way.

Definition: We are measuring all the residents in trunk restraints, limb restraints and chairs that prevents resident from rising.

Calculation: Number of restrained Residents/Total residents

Data Source: MDS from all FHHR LTC facilities

WHY IS THIS OF INTEREST?

FHHR has a policy of least restraint and our care philosophy supports the idea that lest restraint means a higher quality of life for our LTC residents

WHAT IS THE TARGET?

The target is to decrease the prevalence of daily physical restraints, or remain the same as the 2010-11 level of 19.85%.

HOW ARE WE DOING?

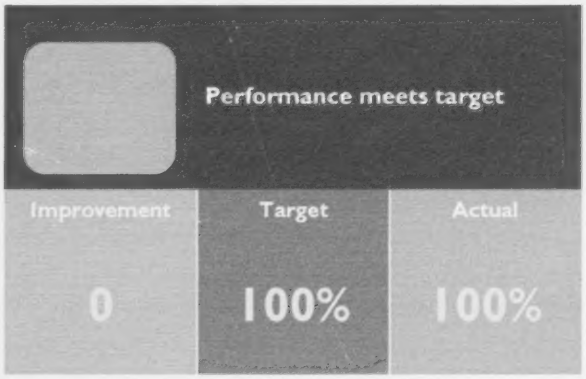
The use of restraints in Long Term Care remains at historic levels and we continue to comply with a policy of least restraint.

WHAT ACTIONS ARE WE TAKING?

This indicator is measured through our MDS reporting tool. It is collected in all facilities and is reported provincially. We continue to monitor this on a regular basis and are able to identify which facility is improving or increasing restraints. Appropriate action is taken if there is any increased use of restraints.

1.3 Continuously improve health care safety in partnership with patients and families

Full implementation of the Surgical Checklist in the Moose Jaw Union Hospital



WHAT IS BEING MEASURED?

Indicator: Audit of the implementation of the Surgical Checklist at the Moose Jaw Union Hospital.

Definition:

Surgical procedures using checklist = 100%
Total surgical procedures

WHY IS THIS OF INTEREST?

The consistent use of a surgical checklist promotes patient safely by reducing the incidence of surgery-related complications and deaths.

WHAT IS THE TARGET?

At least one audit indicating 100% implementation in all surgical cases and regional participation in the *Safer Healthcare Now!* Checklist action series by March 31, 2012

HOW ARE WE DOING?

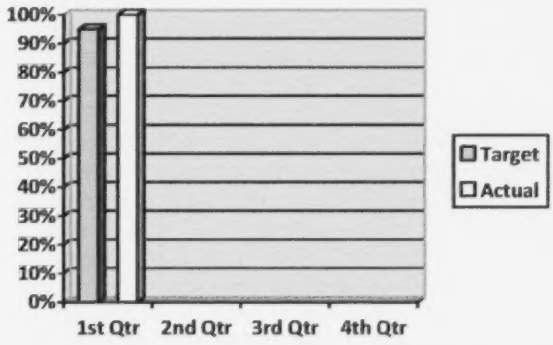
100% compliance in June 2011.

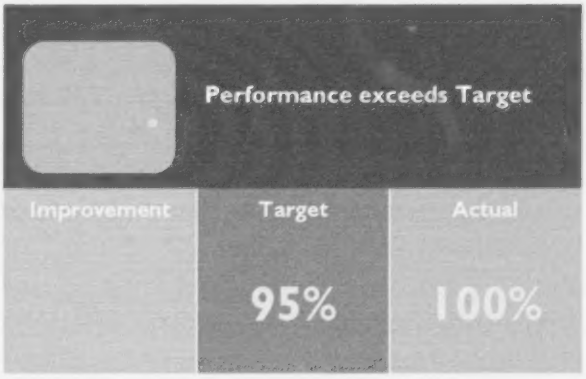
WHAT ACTIONS ARE WE TAKING?

Continue monthly audits to ensure compliance.

1.3 Continuously improve health care safety in partnership with patients and families

Reduce preventable Surgical Site Infections (SSI) through implementation of a care bundle from Safer Healthcare Now!





WHAT IS BEING MEASURED?

Indicator: Status of implementation of all components of the Surgical Site Infections Bundle from *Safer Healthcare Now!*

Definition:

The components include:

1) Preventative antibiotics
2) Body temperature control
3) Hair removal
4) Blood sugar control
5) Preventative antiseptic use

WHY IS THIS OF INTEREST?

The implementation of all components will prevent surgical site infections and deaths by reliably implementing ideal Perioperative care for all surgical patients

WHAT IS THE TARGET?

At least 95% implementation by March 31, 2012.

HOW ARE WE DOING?

Full implementation is in place with 100% achievement for all components of the Surgical Site Infections Bundle.

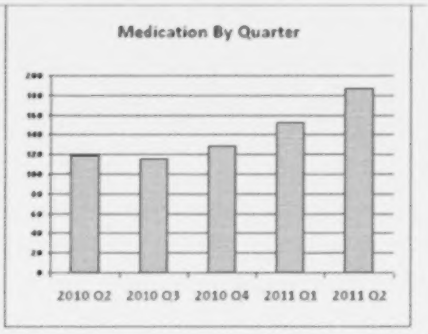
WHAT ACTIONS ARE WE TAKING?

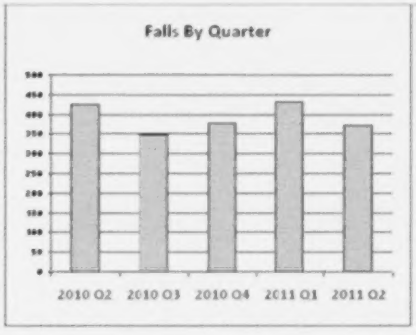
Audits will be developed and used to measure compliance

Continuously improve health care safety in partnership with patients and families.

Track and analyze all incidents in the region including near misses

	Code 1	Code 2	Code 3	Total		Near Miss of totals
Falls	272	93	7	372	48.10%	10
Medication	108	78	1	187	24.20%	12
Equipment	2	21	0	23	3.00%	1
Test/Tx	3	13	0	16	2.10%	0
Other	104	66	6	176	22.70%	8
Total	489	271	14	774		31
	63.2%	35.0%	1.8%			4.0%





The quarters on these charts represent a calendar year (i.e, Q2 is = Q1, fiscal year).

WHAT IS BEING MEASURED?

Indicator: # client safety reports to board

Definition: The reports outline activities and accomplishments in support of client safety goals and objectives

Calculation: $\frac{\text{\# reports}}{\text{\# expected reports}}$

Data Source: QIRM

WHY IS THIS OF INTEREST?

Accreditation Canada requires that the Board receive quarterly reports on client safety. This required organizational practice creates awareness and understanding of adverse events that have occurred in the region. From a board risk perspective, categories 3 and 4 are the most serious.

Code 3 events had a serious outcome or significant potential for an adverse outcome.

Code 4 events are tragic incidents such as an unanticipated death or potential major loss of function or major injury.

WHAT IS THE TARGET?

A report each quarter

HOW ARE WE DOING?

Meeting target

WHAT ACTIONS ARE WE TAKING?

There were no code 4 incidents this quarter

One half of the code 3 events were falls which resulted in a fracture.

The other category includes individual events, one of which had a serious outcome. Each other event had significant potential for an adverse outcome.

The frequency of incidents related to falls and medication reconciliation demonstrate the importance of our strategic initiatives related to falls prevention and medication reconciliation.

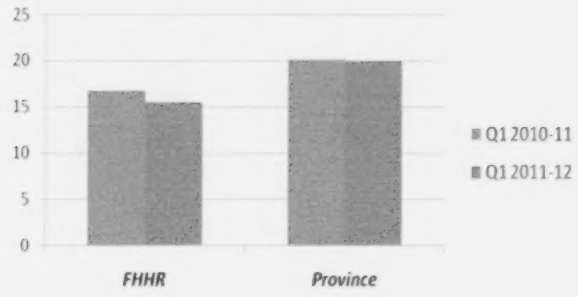
With the implementation of *Releasing Time to Care*, we expect to see the reporting of Falls and Medication incidents increase. The staff are monitoring the trends while implementing strategies to reduce these incidents

Strategic Priority 3.2 - PROVIDERS

Work together to create safe, supportive and quality workplaces.

Reduce wage driven premium and injury costs.

Reduce number of sick leave hours by 1% per FTE over fiscal year 2011.



WHAT IS BEING MEASURED?

Indicator:
Number of sick leave hours per FTE

Definition:
FTE: Full Time Equivalent

Calculation: Percentage reduction for fiscal 2012 as compared to fiscal 2011.

Data Source: Ministry of Health

WHY IS THIS OF INTEREST?

A reduction in sick time will result in reduced operating costs, reduced demand on casual workers and is linked to favourable reductions in employee absenteeism in other areas such as WCB.

WHAT IS THE TARGET?

The target is a reduction of 1% for fiscal year 2012 as compared to fiscal year 2011.

HOW ARE WE DOING?

We are meeting the target, and had the second lowest sick leave provincially for Q1. Five Hills' sick leave usage in Q1 was 15.56 hours/FTE, which is a 7% reduction over Q1 last year. The provincial average in Q1 was 19.93 hours/FTE, a 1% reduction over fiscal 2011.

WHAT ACTIONS ARE WE TAKING?

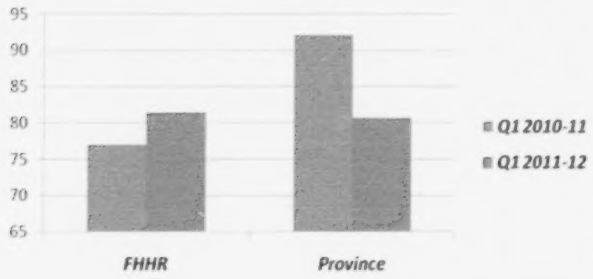
Management training sessions were held in May and a new tool kit for managers was rolled out. Specific departmental sick leave targets for 2011-12 have been introduced, as well as a new Employee Wellness Handbook for employees in the Attendance Support Program. Executive Directors now receive quarterly reports regarding the activity in their division with regard to sick leave, accommodation and OH&S.

Strategic Priority 3.2: PROVIDERS

Work together to create safe, supportive and quality workplaces.

Reduce wage driven premium and injury costs.

Reduce number of WCB lost time days by 14.2% per 100 FTEs over fiscal year 2011.



WHAT IS BEING MEASURED?

Indicator:
Number of WCB lost time days per 100 FTEs (severity)

Definition:
WCB: Workers Compensation Board
FTE: Full Time Equivalent

Calculation: Number of lost time days / 100 FTE

Data Source: Ministry of Health

WHY IS THIS OF INTEREST?

A reduction in WCB days is an indicator injuries sustained by employees may be less severe, requiring less days away from work. Workers who remain safe in the workplace have a higher quality of life both at home and at work.

** Note that Extendicare experience is included in our statistics, yet their FTEs is not.*

WHAT IS THE TARGET?

The target of 236.15 lost days/100 FTE, a 14.2% reduction, was established in order to reach the gold standard of 100 lost time days/100 FTE within 5 years.

HOW ARE WE DOING?

While the frequency of WCB claims decreased by 28% in Q1, the severity increased by 5.7%. It could be assumed from this that employees are being injured less often, but the injuries are more severe. Provincially, there was an increase of 14.1% in the severity of claims and 19.2% reduction in frequency.

WHAT ACTIONS ARE WE TAKING?

As per the Injury Reduction Strategy, we have begun conducting risk assessment training and now have our pilot facility conducting risk assessments regularly. Plans are in place to introduce the training in several of the rural facilities.

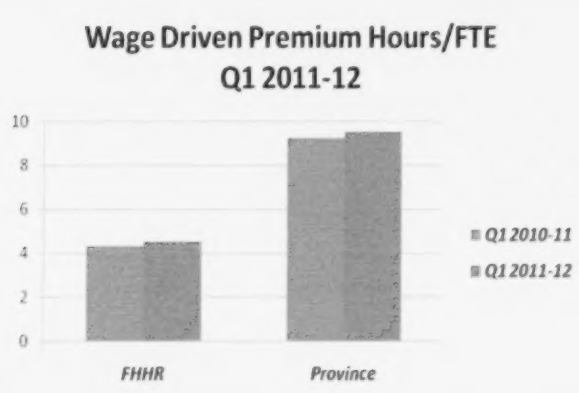
Current Risk Assessment is being trialed at Providence Place. SLT and directors will be receiving risk assessment orientation in the fall and the pilot will then be rolled out further.

Strategic Priority 3.2 - PROVIDERS

Work together to create safe, supportive and quality workplaces.

Reduce wage driven premium and injury costs.

Reduce number of wage driven premium (WDP) hours by 21.8% per FTE over fiscal year 2011.



WHAT IS BEING MEASURED?

Indicator:
Number of WDP hours per FTE

Definition:
WDP: Wage Driven Premium hours (ie, overtime)
FTE: Full Time Equivalent

Calculation:

Data Source: Ministry of Health

WHY IS THIS OF INTEREST?

A reduction in WDP hours will result in reduced operating costs. A favourable outcome reduces demand on casual workers.

WHAT IS THE TARGET?

The target is 16.31 WDP Hours/FTE, which is a reduction of 21.8% for fiscal year 2011 as compared to fiscal year 2010.

HOW ARE WE DOING?

As expected, we are not meeting targets with regard to wage driven premium. FHHR use of overtime hours is already the lowest among health regions in the province, but we were assigned the largest percentage reduction for this fiscal year. Use for Q1 was 4.52 hours/FTE, an increase of 3.9% over Q1 last year. Provincially, there has been an increase of 3% over Q1 fiscal 2011.

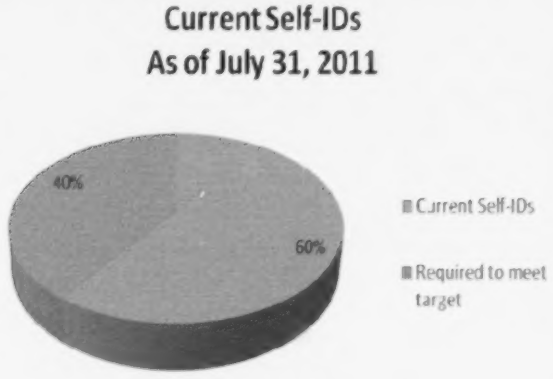
WHAT ACTIONS ARE WE TAKING?

No new actions planned. A reporting issue has recently been identified by an FHHR employee, which suggests the measurement of WDP has been incorrect for some time. We are working with Workforce Planning Branch to correct this issue.

Strategic Priority - PROVIDERS

Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in RHAs.



WHAT IS BEING MEASURED?

Indicator:
% of self-identified Aboriginal or Métis employees.

Definition:
RWF: Representative Workforce - a workforce where the community population is represented in all classifications and at all levels of the organization in proportion to their numbers in the working age population.
AAT: Aboriginal Awareness Training

Calculation:

$$\frac{\text{\# Employees self-identified as Aboriginal or Métis}}{\text{Total number of employees}}$$

Data Source: Human Resources Database

WHY IS THIS OF INTEREST?

The Employment Equity Act identifies four designated groups including Women in Non-Traditional Roles, Aboriginal Peoples, Persons with Disabilities and Members of Visible Minorities.

WHAT IS THE TARGET?

To achieve a representative workforce with regard to aboriginal representation, the target in FHHR is 2.89% of employees.

HOW ARE WE DOING?

During quarter one, our recorded representation increased by 3 employees to 1.72%.

WHAT ACTIONS ARE WE TAKING?

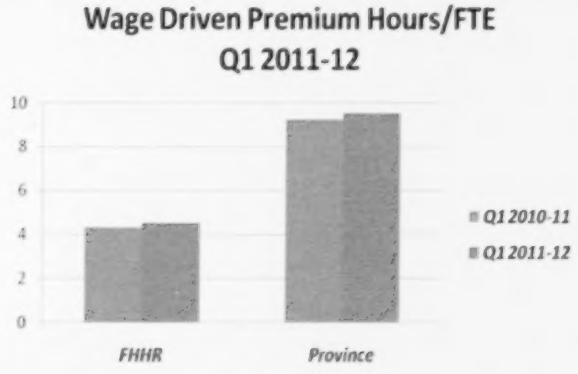
No Representative Workforce initiatives were undertaken in quarter one. This is largely related to lack of human resources dedicated to the Representative Workforce program. Five Hills is the only region that does not employ a Representative Workforce Coordinator on at least a part time basis. We are continuing to work with the provincial Circle of Partners committee. 1,037 employees, or 57.5%, have now received Aboriginal Awareness Training.

Strategic Priority 4.1 - Sustainability

Achieve best value for money while improving the patient experience and population health.

Reducing total compensation paid during premium shifts

Reduce wage driven premiums by $125,000 over fiscal year 2011.



WHAT IS BEING MEASURED?

Indicator:
Dollar cost associated with wage driven premiums per FTE

Definition:
FTE: Full Time Equivalent

Calculation: Reduction for fiscal 2012 as compared to fiscal 2011 is $125,000. This represents approximately a 21.8% reduction.

Data Source: Ministry of Health

WHY IS THIS OF INTEREST?

A reduction in sick time and work place injuries should result in the reduction in operating costs associated with wage driven premiums.

WHAT IS THE TARGET?

The target is a reduction of $125,000 for fiscal year 2012 as compared to fiscal year 2011.

HOW ARE WE DOING?

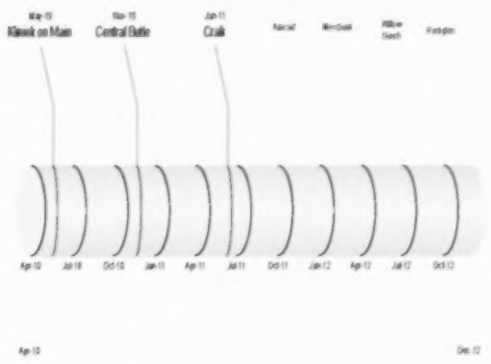
We are not meeting the target, however it is too soon to assess whether this will be the case for the future as it is only based on 3 months of data.

WHAT ACTIONS ARE WE TAKING?

A reporting issue has recently been identified by an FHHR employee, which suggests the measurement of WDP has been incorrect for some time. We are working with Workforce Planning Branch to correct this issue.

5.3 Leverage technology to achieve improvements in patient care and system performance.

100% adoption of PHC System IT Solution within 12 months of availability to PHC Teams.



PHC SOLUTION ELECTRONIC HEALTH RECORDS
GO LIVE DATES

Performance is on target

Improvement	Target	Actual
Nil	100%	40%

WHAT IS BEING MEASURED?

Indicator: Number of PHC Team sites who have initiated PHC Solution Electronic Health Record/ all PHC Team sites in region.

Definition:

Calculation: % initiated

Data Source: Executive Director PHC and Project Manager PHC Solution e-Health

WHY IS THIS OF INTEREST?

Electronic health records provide real time communication of care provided by a team of health care providers in one chart. Electronic health records provide reports to better understand the population served by a team and the health outcomes of that population.

WHAT IS THE TARGET?

100% implementation by March 31, 2013

HOW ARE WE DOING?

Kliniek on Main PHC Team is fully implemented; paperless and ready to establish the reporting component

New Horizons in Central Butte has demographics completed and is part way through entering the profiles which must be done by a nurse practitioner or physician. Some scanning has been initiated.

Craik went live June 7th, all 2000 demographics are in; working on profiles; education for scanning planned for September 2011.

Kincaid has the computers installed and is waiting a go-live date in early 2012. Mossbank, Rockglen and Willow Bunch have had IT assessment and equipment is being ordered.

South Country Medical Clinic has chosen to continue using an SMA EHR rather than convert to PHC Solution.

WHAT ACTIONS ARE WE TAKING?

The e-Health Project team determines the implementation date for each PHC team in the province based on availability of the Project Team to educate and be at the site for the go-live week and follow-up education. FHHR goal is to have sites ready to go when the call is received with a go-live date for a team site.